

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Robert Dale Yost 1028343

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg.# of each Plaintiff)

VERSUS

CIVIL ACTION NO. 3:04-1296

(Number to be assigned by Court)

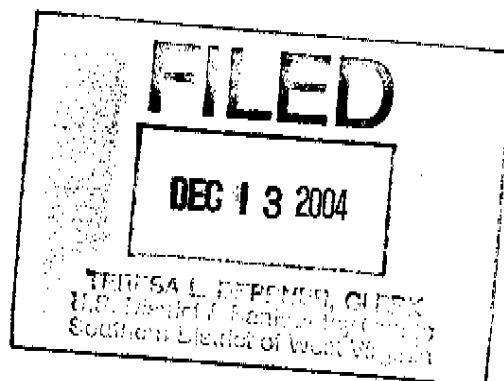
① Paim-Sare, et-al

② W.R.J. DR. KAYTENIE

③ W.R.J. Admi. LARRY PARSONS

④ Reg. Juv. Authority: STEVE CANNABERRY

(Enter above the full name of the defendant
or defendants in this action).



COMPLAINT

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court
dealing with the same facts involved in this action or
otherwise relating to your imprisonment?

Yes _____

No X

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs:

N/A

Defendants:

N/A

2. Court (if federal court, name the district; if state court, name the county):

N/A

3. Docket Number:

N/A

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A

6. Approximate date of filing lawsuit:

N/A

7. Approximate date of disposition:

N/A

Place of Present Confinement:

Place of Present Confinement: Western Regional Jail BARBERS PT. WVA.

- A. Is there a prisoner grievance procedure in this institution?

Yes X No

- B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes X No

- C. If your answer is YES:

1. What steps did you take? I filed Grievance After CRISLANCE

AND W.R.J. Admin. Larry Parsons Would not make them do anything to help me see a outside Doctor, or go to the E.R. for help.

2. What was the result? Said; It was not a pre-existing problem

and medical (prim care) was not going to pay for it or be responsible.

- D. If your answer is NO, explain why not: PRIM-CAN would do no tests or

be Responsible for ANY payment or take me to see a outside Doctor.

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

- A. Name of Plaintiff: Robert Dale Post

Address: one charles plc. Barboursville WVA

- B. Additional Plaintiffs and Address:

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant N/A
 is employed as NONE
 at NONE

D. Additional defendants: NONE

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheet if necessary).

ON OR ABOUT MARCH OR APRIL OF 2004, THE PLAINTIFF BEGAN HAVING
PROBLEMS WITH URINATION AND LARGE AMOUNTS OF BLOOD IN HIS STOOL;
AT WHICH TIME HE "INFORMED" THE MEDICAL STAFF OF HIS CONDITION AND
ALL PLANS WERE "IGNORED". AFTER ADDRESSING THE "ISSUE" BY GRIEVANCE,
WHICH CONCURRED A TIME LAPS OF TWO MONTHS; THE PLAINTIFF
WAS ALLOWED TO SEE THE DOCTOR (KRYTHNIE) WHO PRESCRIBED A

IV. Statement of Claim (continued):

Change of Diet, without also doing one test to see why I am
Bleeding from my Rectum: Mean While the Plaintiff Continued to have
 serious problems with Urination (Having to sit to urinate) AND Rectal
 Bleeding. A Condition which Continues to progress with each day. (PAIN)
 Through Medical Request/slips AND Grievance the plaintiff has Informed
 Admin. LARRY PARSONS (Head Nurse) Tonyi Holli AND (Dr. Kaylinic) of the
 Western Regional Jail of the Progression of my Condition, yet the Administration
 AND Medical Staff Continues to "Ignore" me. The defendant's ARE
 Full AWARE of my Condition AND it poses A threat to my life

V. RELIEF

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

see NEXT Page

IV. Statement of Claim (continued):

: AN yet they will NOT Recognize my need for treatment AND has left this Civil Action my only option. The Plaintiff mother has even gone as far to contact Tonyi Halli (PRIMECARE) + Steve Cannabury, Larry Parsons Reg. Jail Attorney, Plaintiff mother Informend them of the Family History of Colon Cancer and the Death in the Family, AND EVERY time they have not Returned one Phone call.

END OF STATEMENT

V. RELIEF

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

① Full Compasety of Prime-Care's INSURANCE.

② Mental AND Fiscal DAMAGES

③ long term Damages

— may add more at later Date —

V. Relief (continued)

[Handwritten diagonal line across the section]

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

N/A

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____ No X

If so, state the name(s) and address(es) of each lawyer contacted:

N/A

If not, state your reasons: NO money

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No X

If so, state the lawyer's name and address:

N/A

Signed this 29th day of October, 19 2004

Robert Dale Yost

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 29 - Oct - 2004
(Date)

Robert Dale Yost

Signature of Movant/Plaintiff

Signature of Attorney
(if any)